



Complete Summary

TITLE

Medication safety: percentage of patients whose known adverse drug reactions are documented on the current medication chart.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients whose known adverse drug reactions are documented on the current medication chart.

RATIONALE

An adverse drug reaction (ADR) is defined as "a response to a medicinal product which is noxious and unintended and which occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease or for the restoration, correction or modification of physiological function".

The purpose of ADR documentation is to avoid further harm to patients who have previously experienced an ADR to that (or similar) medication. Data from New South Wales (NSW) audits of the National Inpatient Medication Chart (NIMC) show that completion of ADR documentation occurs 49-85% of the time. Incidents

involving medication administration to patients with a known ADR to that medication continue to occur. Prevention of such errors depends on current and complete information being available at the time of prescribing, dispensing and administration.

PRIMARY CLINICAL COMPONENT

Medication safety; adverse drug reactions

DENOMINATOR DESCRIPTION

Total number of patients in the sample

Refer to the original measure documentation for recommended sample size.

NUMERATOR DESCRIPTION

Total number of patients whose known adverse drug reactions (ADRs) are documented on the current medication chart (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Number of patients in the sample

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of patients in the sample

Refer to the original measure documentation for recommended sample size.

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Institutionalization

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of patients whose known adverse drug reactions (ADRs) are documented on the current medication chart*

*Notes:

- **Known adverse drug reaction** refers to any ADR identified before or during the current admission that has been recorded in the medical record. Any ADR that may influence future therapeutic decision making, whether it involves prescription medicine (including vaccines), over-the-counter medicine or complementary medicine, should be documented.
- **Documented** means the dedicated space on the current medication chart (defined below) has been completed in a way that is consistent with instructions in the National Prescribing Service Medication Chart Online Training Module as outlined below:
 - If there are no known ADRs, this should be documented on the medication chart as "nil known."
 - If no information is known about the patient's ADR status, for example if the patient is unable to communicate, this should be documented as "unknown."
 - Where previous reactions are known, the reaction, type and date should be explicitly documented. If the reaction type or date is unknown, this should be explicitly documented. If there is not enough space to explain the reaction type or date in full, a note should be made to refer to the patient's medical record for more detail.
- **The current medication chart** refers to the National Inpatient Medication Chart (NIMC) or other chart approved for use by the hospital's Drug and Therapeutics Committee.
- If patients have more than one medication chart due to a large number of prescribed medications, then documentation of ADRs should be on all charts to be included in the numerator.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Indicator area 1: medication safety CI 1.2.

MEASURE COLLECTION

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

MEASURE SET NAME

[Hospital-Wide Clinical Indicators](#)

DEVELOPER

Australian Council on Healthcare Standards

FUNDING SOURCE(S)

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ADAPTATION

Measure was adapted from another source.

PARENT MEASURE

Indicators for Quality Use of Medicines in Australian Hospitals: NSW Therapeutic Advisory Group, 2007

RELEASE DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

MEASURE AVAILABILITY

The individual measure, "Indicator Area 1: Medication Safety CI 1.2," is published in "ACHS Clinical Indicator Users' Manual 2009."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: pos@achs.org.au; Web site: www.achs.org.au.

COMPANION DOCUMENTS

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](http://www.achs.org.au).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on May 8, 2009.

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